

**OFFICE OF THE CONNECTICUT ATTORNEY GENERAL  
AND  
OFFICE OF HEALTH CARE ACCESS OF THE  
CONNECTICUT DEPARTMENT OF PUBLIC HEALTH**

**ANNUAL REPORT  
CONCERNING OWNERSHIP OF, OR AFFILIATION WITH, GROUP  
MEDICAL PRACTICES**

Sections 1(f) and (g) of P.A. 14-168, AN ACT CONCERNING JOINT VENTURES AND AFFILIATIONS OF GROUP MEDICAL PRACTICES (the "Act"), effective October 1, 2014, require that hospitals, hospital systems, and group medical practices comprised of thirty or more physicians ("filers"), submit to the Attorney General ("OAG") and to the Department of Public Health ("DPH") an Annual Report providing information concerning the filers, and group practices that may be owned by or affiliated with the filers.

The attached forms should be used by filers providing the information required by the statute.

**GENERAL INSTRUCTIONS/FILING INFORMATION**

**1. WHO NEEDS TO FILE**

Reports must be filed by each hospital and hospital system that owns or is affiliated with a group practice, and by each group practice comprised of thirty or more physicians that is not subject to the reporting requirements for hospitals found at P.A 14-168(f). Hospitals are defined in C.G.S. 19a-490, and include all general, children's, chronic disease, psychiatric, hospital and maternity hospital facilities. Hospital Systems are defined in Section 1(4) of PA 14-168. **Annual Reports must be filed with the Attorney General and with the DPH Office of Health Care Access ("OHCA") no later than December 31, 2014, and annually thereafter.**

**2. SUBMISSION OF NOTICE – METHOD**

A set of Excel worksheets has been provided to ensure consistent filings to the OAG and the OHCA. The Report should be submitted electronically to both the OAG and the OHCA by email at [GroupPracticeFilings@ct.gov](mailto:GroupPracticeFilings@ct.gov). If you have any questions on using the worksheets please submit an e-mail to Assistant Attorney General Rachel Davis at [rachel.davis@ct.gov](mailto:rachel.davis@ct.gov).

### 3. ELEMENTS OF THE REPORT

The Annual Report form contains three sections which are indicated on the bottom of the Excel spreadsheet file.

The first section, entitled **Medical Practices**, calls for the name of each group practice at issue. If the filer is a hospital or hospital system, this section should describe, with respect to each group practice, whether the group practice is affiliated or owned by the hospital or hospital system.

The second section, **Physician Name**, solicits the names and specialties of each physician practicing medicine with the group practice(s).

The third section, **Business Entity**, asks for the names of the business entities that provide services as part of the group practice(s), the address of each location where such services are provided, a description of the services provided at each location, and the primary service area served by each location.

### 4. DEFINITIONS (as found in P.A. 14-168, section 1(a))

For purposes of the required Report:

- (1) "Affiliation" means the formation of a relationship between two or more entities that permits the entities to negotiate jointly with third parties over rates for professional medical services;
- (2) "Hospital" has the same meaning as provided in section 19a-490 of the general statutes;
- (3) "Hospital system" means: (A) A parent corporation of one or more hospitals and any entity affiliated with such parent corporation through ownership, governance or membership, or (B) a hospital and any entity affiliated with such hospital through ownership, governance or membership;
- (4) "Group practice" means two or more physicians, legally organized in a partnership, professional corporation, limited liability company formed to render professional services, medical foundation, not-for-profit corporation, faculty practice plan or other similar entity (A) in which each physician who is a member of the group provides substantially the full range of services that the physician routinely provides, including, but not limited to, medical care, consultation, diagnosis or treatment, through the joint use of shared office space, facilities, equipment or personnel; (B) for which substantially all of the services of the physicians who are members of the group are provided through the group and are billed in the name of the group practice and amounts so received are treated as receipts of the group; or (C) in which the overhead expenses of, and the income from, the group are distributed in accordance with methods previously determined by members of the group. An entity that otherwise meets the definition of group practice under this section shall be considered a

group practice although its shareholders, partners or owners of the group practice include single-physician professional corporations, limited liability companies formed to render professional services or other entities in which beneficial owners are individual physicians;

(4) “Primary service area” means the smallest number of zip codes from which the group practice draws at least seventy-five per cent of its patients. (See **ADDITIONAL INFORMATION** below for further explanation.)

## **5. ADDITIONAL INFORMATION TO HELP YOU CALCULATE A PRIMARY SERVICE AREA**

Primary Service Areas (“PSAs”) are defined by a set of postal zip codes. The Act defines PSA to mean “the smallest number of zip codes from which the group practice draws at least seventy-five per cent of its patients.” The “at least 75 percent” criterion means that zip codes are aggregated until the group practice accounts for 75 percent or more of patient volume. The relevant zip codes are considered in the aggregate, and are derived from where a provider's patients reside, rather than the location(s) where a provider practices or the location where a patient receives his/her treatment. A single or multi-specialty physician group practice will have one PSA for each location where it provides services. A hospital or hospital system will likely have multiple PSAs: a separate PSA for inpatient services, outpatient services, and physician services. Thus, it is expected that a hospital or hospital system's inpatient, outpatient, and physician service PSAs will not be the same. Submitting parties should use patient resident data from the most recent calendar year when calculating the PSA for each location where services will be provided.

As an example, to calculate “the smallest number of zip codes from which the group practice draws at least seventy-five per cent of its patients,” consider a hypothetical cardiology practice located in Fairfield. Reviewing the addresses of patients for the most recent calendar year for which data are available, the cardiology practice's patients are drawn from the following zip codes: Fairfield/06824 (18%); Bridgeport/06606 (14%); Fairfield/06825 (12%); Trumbull/06611 (11%); Bridgeport/06604 (9%); Westport/06880 (7%); Bridgeport/06610 (6%); Norwalk/06854 (5%); Bridgeport/06605 (5%). The remaining 13% percent of the hypothetical practice's patients are drawn from a number of additional zip codes with none accounting for more than 4%. Using this example, the group practice would report its PSA as Fairfield/06824 (18%); Bridgeport/06606 (14%); Fairfield/06825 (12%); Trumbull/06611 (11%); Bridgeport/06604 (9%); Westport/06880 (7%); Bridgeport/06610 (6%).